



**Your Company Name**  
123 Company Lane - New York, NY 12345  
Tel. (123) 456-7890 - Fax. (123) 456-7890

**Inspection Form**

Work Orders No's

**Driver:** \_\_\_\_\_

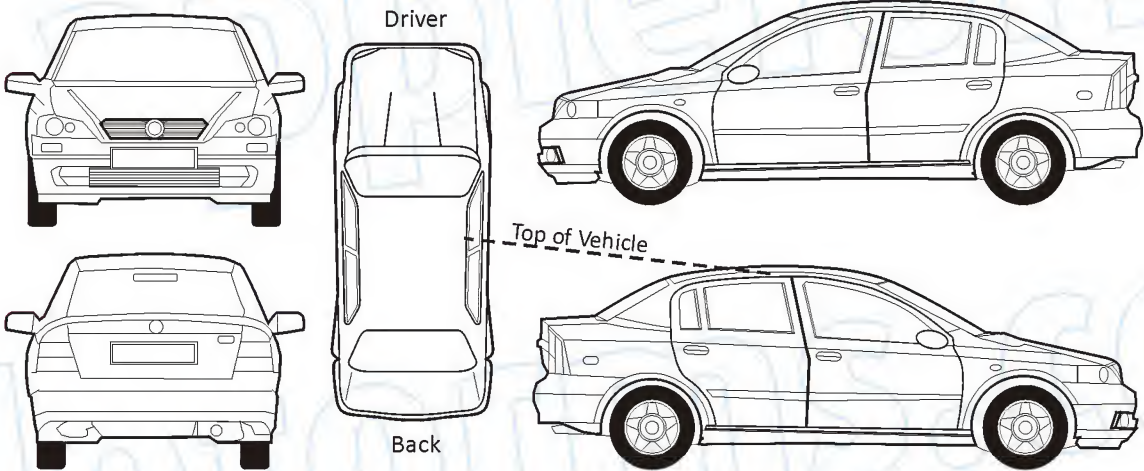
PICK UP
Name _____
Address _____
City/St./Zip _____
Phone # _____
Contact _____

DESTINATION
Name _____
Address _____
City/St./Zip _____
Phone # _____
Contact _____

VEHICLES						
	Stock #	Year	Make	Model	Vin	Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**CONDITION ILLUSTRATED BY LETTER CODE**

<b>TOTAL \$</b>
-----------------



- B - BENT
- BB - BUFFER BURNED
- BR - BROKEN
- C - CUT
- CR - CRACKED
- D - DENTED
- F - FADED
- FF - FOREIGN FLUID
- G - GOUGED
- L - LOOSE
- M - MISSING
- P - PITTED
- PC - PAINT CHIP
- R - RUBBED
- RU - RUST
- S - SCRATCHED
- SL - SOLED
- ST - STAINED
- T - TORN

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** No claims will be honored unless noted on this bill of lading at time of delivery \_\_\_\_\_

Printed Name

Shipper's agent at pick up	Date	Shipper's agent at delivery	Date
----------------------------	------	-----------------------------	------